



APPLICATION FOR UNDERGRADUATE READMISSION

NOTE: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran status.

Social Security No

Semester Applying for: September 20
 February 20
 June 20

Birth Date
month day year

Country of birth Male Female

PRINT CLEARLY:

Family/Last Name

Given/First Name

Any Prior Name

Mailing Address
Street Apt. No

City State Zip code Country (if non-USA)

Day Tel. # (with area code): Eve. Tel. # (with area code):

College/Universities attended after Lehman

Institution: <input type="text"/>	FROM:	TO:
Institution: <input type="text"/>	<input type="text"/> - <input type="text"/> Month - Year	<input type="text"/> - <input type="text"/> Month - Year
YOUR PREVIOUS STATUS AT LEHMAN	<input type="text"/> - <input type="text"/> Month - Year	<input type="text"/> - <input type="text"/> Month - Year
<input type="checkbox"/> DEGREE <input type="checkbox"/> NON - DEGREE		

If yes, please give the month and year New York State residency began _____

Did you file a New York City/State resident income tax return during the past twelve months? Yes No

Did you file a federal income tax return during the past twelve months? Yes No

List below all your addresses *during the past five years*, starting from your *current* address and working backwards: (Attach a separate sheet of paper if necessary).

FROM:		TO:		COMPLETE ADDRESS:
_____ Month	- _____ Year	_____ Month	- _____ Year	_____ _____ City State Zip Code
_____ Month	- _____ Year	_____ Month	- _____ Year	_____ _____ City State Zip Code

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. ***I understand that the application fee is non-refundable.***

Date: _____

Signature: _____